



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT WILLIAMSPORT HOSPITAL

City of Hospital: WILLIAMSPORT

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Jenifer Dinsmore

Email Address: Jenifer.Dinsmore@ascension.org

Medicare Provider Number: 151307

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7168222
Outpatient Patient Service Revenue	\$65259118
Total Gross Patient Service Revenue	\$72427340

2. Deductions From Revenue

Contractual Allowance	\$45230604
Other Deductions	\$5090607
Total Deductions	\$50321211

3. Total Operating Revenue

Net Patient Service Revenue	\$22106128
Other Operating Revenue	\$1591124
Total Operating Revenue	\$23697252

4. Operating Expenses

Salaries and Wages	\$9072126	Employee Benefits	\$2560968
Depreciation and Amortization	\$466442	Interest Expense	\$138111
Bad Debt	\$1152535	Other Expenses	\$8367539
Total Operating Expenses	\$21757721		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1939532	Total Assets	\$10637836
Net Non-operating Gains over Loss	\$3640	Total Liabilities	\$8616930

Total Net Gains	\$1943172
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$34256195	\$24222318	\$10033877
Medicaid	\$16509498	\$14246193	\$2263305
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21661647	\$7885873	\$13775774
Total	\$72427340	\$46354384	\$26072956

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$10045	\$-10045

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$41092	\$-41092
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$49843	\$-49843

Number of Medical Professionals Trained	565
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	238

Statement Six: Charity Statement

Hospital Charity Charges	\$3966827
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1076701	
HCI Payments	\$0		
Subtotal	\$0	\$1076701	\$-1076701
Medicaid Shortfalls	\$0	\$2849824	
Subtotal	\$0	\$3926525	\$-3926525
DSH Payments	\$0		
Subtotal	\$0	\$3926525	\$-3926525
Medicare Shortfalls	\$0	\$-93404	
Other Government Programs	\$0	\$0	
Total	\$0	\$3833121	\$-3833121

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$100980	\$-100980
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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